



FAIRFAX COUNTY, VIRGINIA HOME OCCUPATION PERMIT APPLICATION

Applicant Name _____
Street Address _____
City _____ Zip Code _____
Home Phone _____ Home Office Phone _____
Business Name _____
Your Title _____
Proposed Home Occupation _____

Please read the home occupation permit guidelines and the limitations contained in Article 10. After completing the above application and agreeing to the limitations, please sign and date the Certification and return it to the Zoning Permit Review Branch at the address or fax number listed below.

CERTIFICATION

I certify that I have read and understand each of the Home Occupation Permit limitations and I will comply with all limitations.

Signature of Applicant

Date

Apply in person, Mail or Fax to: Department of Planning and Zoning
Zoning Administration Division
Zoning Permit Review Branch
12055 Government Center Parkway, Suite 250
Fairfax, Virginia 22035-5508

Phone number: (703) 222-1082
FAX number: (703) 324-2301

Office hours: 8:00 a.m. to 4:00 p.m., Monday through Thursday
9:15 a.m. to 4:00 p.m., Friday

Approval of your application is contingent upon all required information being provided and the stated use allowed. Permission is not transferable to any other resident, address, or occupation. Violation of any of these limitations may be cause for revocation of this approval.